

# Fulton County Solid Waste Department



**P.O. Box 28  
847 Mud Road  
Johnstown, NY, 12095**

**(518) 736-5501  
FAX: (518) 762-2859  
Jeff Bouchard, Director**

---

TO: FULTON COUNTY SMALL BUSINESSES  
FROM: JEFFREY W. BOUCHARD, DIRECTOR  
SUBJECT: FULTON COUNTY COMMERCIAL RECYCLING PERMIT

The Fulton County Board of Supervisors passed Resolution # 286 to offer commercial recycling to small businesses in Fulton County, which will allow them to bring their recyclables directly to this department for \$10 per ton.

The Fulton County Department of Solid Waste has established a permit system for small commercial recycling customers to utilize the Materials Recovery Facility (MRF) at the Fulton County Department of Solid Waste. All necessary application forms, as well as instructions for filling out the forms, are enclosed. Please read all of the enclosed information carefully.

Upon approval, the commercial recycling permit will be valid until December 31 of each year and if extended will require a renewal applications to be filed a minimum of thirty (30) days prior to the expiration date. If you desire to amend your permit throughout the year; i.e. adding or removing a vehicle, please notify the Department of Solid Waste a minimum of five (5) days in advance of use.

Attach the permit application fee to your completed application. Make checks payable to the Fulton County Treasurer. Send completed forms and check to the Department of Solid Waste, P.O. Box 28, Johnstown, NY, 12095.

Please note that the Recycling Guidelines must be followed per the attached brochure. Solid Waste Management Law provides Fulton County with a mechanism to revoke privileges of users violating said local law.

If you have any questions, please feel free to contact the Department of Solid Waste, at the above telephone number.

## **Part A: Applicant Information**

For County Use Only:

Recycling Acct. No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Initials \_\_\_\_\_

Check One:

Cash Only \_\_\_\_\_

On Acct. \_\_\_\_\_

1. Applicant Business Name: (print/type)

\_\_\_\_\_

2. Billing Address: \_\_\_\_\_

\_\_\_\_\_

3. E-mail Address: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

(Name)

(Title)

(Phone)

(Fax)

5. Legal Character of Business (check one):

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other (explain) \_\_\_\_\_

6. Annual Permit Fee:

a. Base Fee: waived

b. \$25.00/set of permit stickers: \$ \_\_\_\_\_

Total Fee Attached: \$ \_\_\_\_\_ (from section 5b) (attach check here)

7. Provide two credit references (bank, financial institution):

**\*DO NOT FILL IN IF "CASH" CUSTOMER!**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Acct. No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Acct. No. \_\_\_\_\_

## **Part B: Credit Check Authorization Form**

I hereby authorize the Fulton County Department of Solid Waste to verify my credit history, bank accounts, holdings and any other asset balances that are needed to process my landfill permit application. I further authorize the Fulton County Department of Solid Waste to order a credit report and verify other credit information. It is understood that a photocopy of this form will also serve as authorization.

The information the Fulton County Department of Solid Waste obtains is only to be used in processing my commercial recycling permit application for the purpose of creation of a charge account at the Department of Solid Waste.

\_\_\_\_\_  
Applicant Business Name:

\_\_\_\_\_  
Contact Person: (print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

*NOTE: Only applicants that desire a Department of Solid Waste charge account must fill out this form.*



### **Part C: Vehicle Information**

**Applicant Business Name:**\_\_\_\_\_

**NOTE:** Denote "N/A" if not applicable

	VEHICLE A	VEHICLE B	VEHICLE C
License Plate No.			
State of Issue			
Vehicle Type			
Year, Make & Model			
Capacity (C.Y.)			
Vehicle ID #: (Official Use Only)			

(use additional sheets, if necessary)

Waste Description	Village/Town/City	Approx. Tons/Year
COMMERCIAL RECYCLING		

### **Part D: Waste Identification**

Provide an estimate of annual quantities of recyclables that you expect to be depositing at the Fulton County Recycling Facility:

***Unless previously approved, all recyclables disposed of at the Fulton County MRF must be from within the boundaries of Fulton County.***

### **Part E: Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application package and all attached documents; I affirm that the submitted information is true, accurate and complete. I certify only recyclable material (as defined by Fulton County Local Law # 1 of 1990 and subsequent amendments) will be delivered by my business or in my vehicle(s) to the Fulton County MRF. I agree to indemnify and hold harmless the County of Fulton from any liability arising from the disposal inappropriate waste delivered by my business or my vehicle(s). I am aware that there are significant penalties for submitting false information, including the possibility of fines, imprisonment and the revocation of facility use.

I also certify that I will abide by the rules and regulations, as outlined in the Fulton County Solid Waste Management Law.

I also certify that all the information provided on this application is true and that I agree to pay all tipping fee billings within thirty (30) days and understand that for any unpaid balance, a finance charge may be assessed.

I also certify that all material delivered by my business or in my vehicle(s) originates in the County of Fulton.

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_